

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.
APPLICANT(S)

FILING DATE

9/29/05

CLAIMS

NO.	BEFORE ADJUSTMENT		AFTER ADJUSTMENT		NO.	BEFORE ADJUSTMENT		AFTER ADJUSTMENT	
	NO.	DEP.	NO.	DEP.		NO.	DEP.	NO.	DEP.
1					51				
2					52				
3					53				
4					54				
5					55				
6					56				
7					57				
8					58				
9					59				
10					60				
11					61				
12					62				
13					63				
14					64				
15					65				
16					66				
17					67				
18					68				
19					69				
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23					73				
24					74				
25					75				
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27					77				
28					78				
29					79				
30					80				
31					81				
32					82				
33					83				
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35					85				
36					86				
37					87				
38					88				
39					89				
40					90				
41					91				
42					92				
43					93				
44					94				
45					95				
46					96				
47					97				
48					98				
49					99				
50					100				
TOTAL NO.	2		2		TOTAL NO.				
TOTAL DEP.	24		13		TOTAL DEP.				
TOTAL CLAIMS	26		14		TOTAL CLAIMS				